

APPLICATION FOR LICENSURE AS A DOCTOR OF OPTOMETRY

BY ENDORSEMENT AS PROVIDED BY

CHAPTER 636 OF THE NEVADA REVISED STATUTES

IMPORTANT NOTICE:

Completion of this application form is necessary for consideration for licensure under Chapter 636 of the Nevada Revised Statutes. Disclosure of this information is voluntary. Failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application.

All candidates for licensure have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application is subject to the public information laws of the State of Nevada. Carefully follow the directions on this application form.

In addition, note the following:

1. Type or print legibly with blue or black ink only;
2. The application/examination fee is NOT refundable;
3. Disclosure of your U.S. Social Security Number, if you have one, is mandatory. This disclosure is mandated by NRS 636.157; and
4. If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change, a certified copy of your marriage license, divorce decree, affidavit or court order.

Supporting Documentation and Fees:

\$250 application/examination fee

Wallet or passport size colored photo taken within 30 days of the submission of this application

Your application is NOT complete until all supporting documents and fees have been received by the Nevada State Board of Optometry.

Applicant's Signature

PART I. Applicant's Identifying Information

Complete this section of the form by providing all requested information. You must notify the Board of Optometry, in writing, of any address changes that occur after you file the application.

1. _____

Last Name First Name MI Suffix

2. Social Security Number: _____

3. Current Address:

Street Address City State Zip Code

4. Permanent Mailing Address, including postal code if different from current address listed above:

Street Address City State Zip Code

5. Identify Preferred Mailing Address:

☐ Current

☐ Permanent

Note: You must select one. The preferred mailing address will be available to the public.

6. Identify each maiden name, surname, or any other names or aliases you have been known by or used, and identify the reason for your name change.

7. Place of birth (City, County, State, other jurisdiction, Country) Date of Birth (MM/DD/YYYY)

8. Contact Information:

Telephone Numbers: Daytime: _____ Evening: _____

E-Mail Address: _____

9. Citizenship:

Are you a citizen of the United States?

☐ Yes

☐ No

Applicant's Signature

If you answered NO, are you:

- ☐ A qualified alien (as defined in 8 U.S.C.A. Sec. 1641)
- ☐ A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. Sec. 1101, et seq.)
- ☐ An alien who is paroled into the U.S. under 8 U.S.C.A. Section 1128(d)(5) for less than one year
- ☐ A foreign national not physically present in the United States
- ☐ Other – Please provide a detailed explanation

Do you intend to seek entry into the United States for the purpose of performing labor as a healthcare worker, other than an optometrist?

- ☐ Yes
- ☐ No

10, Military Service

Have you ever served in the Military?

- ☐ Yes
- ☐ No

If you answered "Yes", Date(s) of Service: From _____ To _____

(DD-MM-YYYY)

(DD-MM-YYYY)

Branch(es) of service: (Check all that apply)

- ☐ Army/Army Reserve
- ☐ Marine Corps/Marine Corps Reserve

Applicant's Signature

- ☐ Navy/Navy Reserve
- ☐ Coast Guard/Coast Guard Reserve
- ☐ National Guard
- ☐ Air Force/Air Force Reserve

Military Occupation Specialty/Specialties? _____

Has your spouse ever served in the Military?

- ☐ Yes
- ☐ No

If you answered "Yes", Date(s) of Service: From _____ To _____

(DD-MM-YYYY)

(DD-MM-YYYY)

Branch(es) of service: (Check all that apply)

- ☐ Army/Army Reserve
- ☐ Marine Corps/Marine Corps Reserve
- ☐ Navy/Navy Reserve
- ☐ Coast Guard/Coast Guard Reserve
- ☐ National Guard
- ☐ Air Force/Air Force Reserve

Military Occupation Specialty/Specialties? _____

PART II. Education Information

1. Name of Last Secondary School Attended: _____

Location of Last Secondary School Attended: _____

(City and State/Jurisdiction)

Year of Graduation: _____ or Year G.E.D. Earned: _____

Applicant's Signature

If G.E.D. earned, please list jurisdiction where earned: _____

2. Post Secondary Education History:

Starting with your undergraduate education, list all schools, colleges, and universities attended in chronological order:

Name of College/University	Dates of Attendance		Graduated	Degree/Major
	From	To	Yes/No	
_____	_____	_____	_____	_____
	Mo/Year	Mo/Year		
	From	To	Yes/No	
_____	_____	_____	_____	_____
	Mo/Year	Mo/Year		
	From	To	Yes/No	
_____	_____	_____	_____	_____
	Mo/Year	Mo/Year		
	From	To	Yes/No	
_____	_____	_____	_____	_____
	Mo/Year	Mo/Year		

PART III. Record of Licensure Information

If you have ever been licensed, certified, or registered to practice optometry in any other jurisdiction, complete the information requested below. You must include jurisdictions within and outside the United States. Failure to disclose all licenses, certifications, or registrations held may result in denial of your application, or other appropriate action.

Jurisdiction	License Number	Date of Issuance	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Signature

PART IV. Personal History Information

1. Have you ever had an application for any professional license refused or denied by any licensing authority?

☐ Yes ☐ No

2. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?

☐ Yes ☐ No

3. Have you ever voluntarily surrendered your optometry license?

☐ Yes ☐ No

4. Have you ever allowed your optometry license to lapse, or had a limited license issued by any optometric authority?

☐ Yes ☐ No

5. Have you ever voluntarily surrendered any other professional license?

☐ Yes ☐ No

6. Have you ever allowed any other professional license to lapse, or had a limited license issued by any other licensing authority?

☐ Yes ☐ No

7. Has your optometry license ever been revoked?

☐ Yes ☐ No

8. Have you ever been the subject of disciplinary action with regard to your optometry license?

☐ Yes ☐ No

9. Have you ever had any other professional license revoked?

☐ Yes ☐ No

10. Have you ever been the subject of disciplinary action by any licensing agency with regard to any other professional license?

☐ Yes ☐ No

11. To your knowledge, have any unresolved or pending complaints been filed against you by any optometric licensing authority?

☐ Yes ☐ No

12. Have you ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited, or restricted?

☐ Yes ☐ No

13. Have you ever voluntarily surrendered a registration issued by a controlled substance authority?

☐ Yes ☐ No

14. Has your application for accreditation by the DEA ever been denied?

☐ Yes ☐ No

Applicant's Signature

15. Has the DEA ever disciplined your certification, or have you ever voluntarily surrendered it, allowed it to lapse, or had a limited certificate issued by the DEA: ☐ Yes ☐ No

16. Is there any disciplinary action pending against you by any licensing jurisdiction, drug enforcement agency, or any state drug enforcement authority? ☐ Yes ☐ No

If yes, when and where? _____

17. Have you been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense in any state or federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? ☐ Yes ☐ No

18. Have you ever been pardoned from a felony (or criminal) conviction? ☐ Yes ☐ No

19. Have you ever had a record expunged from a felony (or criminal) conviction? ☐ Yes ☐ No

20. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?

☐ Yes ☐ No

21. Are you being treated or have you, in the last 5 years, been treated for drug or alcohol addiction or participated in a rehabilitation program? ☐ Yes ☐ No

PART V. Work History/Practical Experience

Complete each of the following items. List all employment chronologically for the past five (5) years beginning with the most recent. Explain any breaks in employment history of greater than six months.

1. Name of Business/Institution

Job Title

Address/Phone Number of Business/Institution

Name of Supervisor

Dates of Employment

Reason for termination/resignation

From: _____ To: _____

Description of Duties Performed

Applicant's Signature

2. Name of Business/Institution

Job Title

Address/Phone Number of Business/Institution

Name of Supervisor

Dates of Employment

Reason for termination/resignation

From:_____To_____

Description of Duties Performed

3. Name of Business/Institution

Job Title

Address/Phone Number of Business/Institution

Name of Supervisor

Dates of Employment

Reason for termination/resignation

From:_____To_____

Description of Duties Performed

4. Name of Business/Institution

Job Title

Address/Phone Number of Business/Institution

Name of Supervisor

Dates of Employment

Reason for termination/resignation

From:_____To_____

Description of Duties Performed

Applicant's Signature

PART VI. Child Support Information

In accordance with NRS 636.159 applicants for licensure must certify under penalty of perjury:

1. I currently have no obligation for child support ☐ Yes ☐ No
2. I am currently obligated by Court Order for the payment of child support ☐ Yes ☐ No
3. No arrearage exists on the child support obligation ☐ Yes ☐ No
4. Currently there is an arrearage on the child support obligation ☐ Yes ☐ No
5. I am currently repaying a child support arrearage pursuant to an agreement with the District Attorney or other public enforcement agency, and my ongoing monthly payment is current ☐ Yes ☐ No

If you chose "2" you must choose the response that applies to your child support obligation. Failure to choose a response will result in the denial of your application.

PART VII. Certifying Statement

By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms set forth in this application is true, correct, and complete to the best of my knowledge, and that the photograph attached hereto is a true likeness of myself. I hereby authority the Nevada State Board of Optometry to verify any and all information contained in this application, including information maintained in applicable data banks. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority."

Date: _____

Signature of Applicant

Printed Name of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

(Attach photograph here)

AFFIDAVIT IN SUPPORT OF APPLICATION FOR LICENSURE

STATE OF _____)

) ss.

COUNTY OF _____)

I, _____, being first duly sworn, depose and state as follows:

1. I have completed the Application for Licensure as a Doctor of Optometry by Endorsement as provided by Chapter 636 of the Nevada Revised Statutes;

2. All information contained in the application is true and correct;

3. I am currently licensed to practice optometry in the State of _____, under license _____ which was originally issued on _____;

4. I have been actively engaged in the practice of optometry for the past five (5) years;

5. I have had no adverse actions reported to the National Practitioner Data Bank in the past five (5) years;

6. I have not been disciplined nor am I currently under investigation by the corresponding regulatory authority of the District of Columbia or any state or territory in which I currently hold or have held a license to engage in the practice of optometry; and

7. I have not been held criminally liable for malpractice in the District of Columbia or any state or territory of the United States.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public